

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------|-----------|-------------|---------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>DR</i> | <i>32</i> | <i>5/36</i> |
| FORMALITY REVIEW | <i>ji</i> | <i>6713</i> | <i>6-3-98</i> |

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here